

Notice of Intent: UST Permanent Closure or Change-in-Service

FOR TANKS IN NC

Return Completed Form To:
The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number: _____
Date Received: _____
RECEIVED
N.C. Dept. of EHNR

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

MAY 05 1995

I. OWNERSHIP OF TANK(S)

Tank Owner Name: BILCO Corporation
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: P.O. Box 3118
County: Forsyth
City: Winston-Salem State: NC Zip Code: 27102
Tele. No. (Area Code): 910-724-3661

II. LOCATION OF TANK(S)

Facility Name or Company: The Pet Grooming Shop
Facility ID # (if available): none issued
Street Address or State Road: 3350 Valley Road
County: Forsyth City: W-5 Zip Code: 27104
Tele. No. (Area Code): None - Closed

III. CONTACT PERSON

Name: Larry Messick Job Title: Partner/Owner Telephone Number: (910) 724-3661

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Salem Environmental/Certifoam Services
Address: P.O. Box 5535, Winston-Salem, N.C. Zip Code: 27113
Contact: Harvey Danner, Pres. Phone: 910-661-9231

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	550(?)	Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	280(?)	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Larry Messick, Owner *Scheduled Removal Date: May 31st, 1995
Signature: [Signature] Date Submitted: Apr. 28th, 1995

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

DATE RECEIVED _____ STATE USE ONLY I.D. NUMBER _____
I. OWNERSHIP OF TANK(S) **II. LOCATION OF TANK(S)**

BILCO Corporation
 Owner Name (Corporation, Individual, Public Agency, or Other Entity)
P.O. Box 3118
 Street Address
Forsyth
 County
Winston-Salem, N.C. 27102
 City State Zip Code
910-724-3661
 Area Code Phone Number

(If same as Section 1, mark box here)
The Pet Grooming Shop
 Facility Name or Company Site Identifier
3350 Valley Road
 Street Address or State Road
Forsyth
 County
Winston-Salem, 27104
 City (nearest) Zip Code

Type of Owner (mark all that apply)
 Current State or Local Gov't Private or Corporate
 Former Federal Gov't (GSA facility I.D. no. _____) Ownership Uncertain

Facility I.D. # if assigned _____
 Indicate number of regulated tanks at this location
 Indicate number of all tanks at this location
 Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands

III. CONTACT PERSON FOR TANK LOCATION

Larry Messick Partner/owner 910-724-3661
 Name Job Title Area Code Phone Number

IV. TYPE OF NOTIFICATION (Mark "X" for all that apply)

EXISTING UST NEW UST LEAK DETECTION (LD) Certification
 UST UPGRADE Change of Ownership AMENDMENT of a previous notification for these USTs at this facility
 Existing UST = an UST system installed on or before December 22, 1988.
 New UST = an UST system installed after December 22, 1988.
 LD Certification = notification of compliance with leak detection requirements.
 UST *Upgrade* = addition of corrosion protection and spill/overflow prevention equipment.

V. DESCRIPTION OF ALL USTs AT THIS FACILITY

Tank Identification No. e.g., A, B, C, or 1,2,3,	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
1. Date of Installation	<u>Unknown</u>	<u>Unknown</u>				
2. Total Capacity (Gallons)	<u>550</u>	<u>280</u>				

3. Materials of Construction choose all that apply	A. FRP (fiberglass reinf. plast.)		B. Steel (with dielectric coating)		C. Steel /FRP Composite	
	Tank	Piping	Tank	Piping	Tank	Piping
Use Codes listed above	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>		

4. Certification of Installation (Refer to North Carolina Administrative Code, Title 15A, Subchapter 2N, Section .0301) [use all codes that apply]

Use Installation Codes (A, B, or C)	A. The installer has been certified by the tank and piping manufacturers.		C. Installation inspected and certified by a registered professional engineer.		E. Manufacturer's installation work check-lists has been completed.	
	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Date Install. Completed	<u>"</u>	<u>"</u>				

OATH: I certify that the information concerning installation provided in Part V. Item 4 (above) is true to the best of my belief and knowledge.
 Installer: N/A - Unknown
 Print Name Job Title
 Company Name Company Address
 Signature Date

5. Piping System	P. Pressurized System		S. Suction System		Gravity Feed System	
	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
Use Piping system codes	<u>S</u>	<u>S</u>				

6. Leak Detection [LD] (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0504 & .0505]
- | | | |
|--|--|--|
| A. Periodic tank tightness testing "TTT" | F. Interstitial monitoring-double walled tank/piping | J. Manual tank gauging |
| B. Inventory Control* | G. Interstitial monitoring-secondary barrier | K. Statistical Inventory Reconciliation "SIR" |
| C. Automatic tank gauging "ATG" | H. Automatic line leak detectors "LLD" | O. Other method allowed by State Agency. Must specify. |
| D. Vapor monitoring | I. Line tightness testing "LTT" | N. None |
| E. Groundwater monitoring | | X. Exempt under 280.41(b)(2) (i)-(v) [piping only] |

* Options A, B, and C are not stand-alone methods and may only be used in one of the following combinations: A and B or C and B.

	Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Use LD Codes	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>								
Date LD initiated	<u>N/A</u>		<u>N/A</u>									

7. Upgrade (use any code or combination of codes that apply) [Refer to 15A NCAC 2N .0402]

Corrosion Protection

- | | | | |
|----------------------|-----------------------|------------------------|------------|
| A. Sacrificial Anode | C. FRP Tank/Piping | E. Steel/FRP composite | N. None |
| B. Impressed Current | D. Dielectric coating | F. Internal lining | U. Unknown |

	Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. _____		Tank No. _____		Tank No. _____		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Use Corrosion Protection Codes (above)	<u>U</u>	<u>U</u>	<u>U</u>	<u>U</u>								
Date Installed	<u>—</u>		<u>—</u>									

Spill and Overfill

- | | | | | |
|--------------------|-----------------------------|-------------------|---------------------|---------|
| A. Catchment Basin | B. Automatic Shutoff Device | C. Overfill Alarm | D. Ball Float Valve | N. None |
|--------------------|-----------------------------|-------------------|---------------------|---------|

	Tank No. <u>1</u>		Tank No. <u>2</u>		Tank No. _____							
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Use Spill/Overfill Codes	<u>N</u>	<u>N</u>										
Date Installed	<u>—</u>		<u>—</u>									

8. Substances Last, Currently, or to be stored in Greatest Quantity by Volume (mark all that apply)

	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
a. Petroleum (Specify: Unleaded Reg., Unleaded Plus, Diesel, K-1, Used Oil, etc.)	<u>Unknown</u>	<u>Unknown</u>				
b. Hazardous Substance Please Indicate Name of Principal CERCLA Substance OR Chemical Abstract Service (CAS) No.						
c. Other (specify)						

VI. FINANCIAL RESPONSIBILITY

I have financial responsibility in accordance with 15A NCAC 2Q.
 Mark "x" here if financial responsibility compliance date is deferred by 15A NCAC 2Q Section .0202.
 Method: Self-Insured
 Insurer: _____
 Policy Number: _____

VII. CERTIFICATION (Read and Sign After Completing Section I Thru VI)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
Larry Messick, Owner
 Name and official title of owner or owner's authorized representative
 Signature: _____
 Date Signed: 4/28/95